


Exhibit A

EEOC RECEIVED. 2/20/2024

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	Charge Presented To: Agency(ies) Charge No(s): <input type="checkbox"/> FEPA 440-2024-04585 <input checked="" type="checkbox"/> EEOC
Illinois Department of Human Rights and EEOC State or local Agency, if any	

Name (indicate Mr., Ms., Mrs., Mx.) Ms. Melanie Schmalz	Home Phone (Incl. Area Code) [REDACTED]	Date of Birth [REDACTED]
Street Address [REDACTED]	City, State and ZIP Code [REDACTED]	Email Address [REDACTED]
Street Address c/o Mohammed O. Badwan, Sulaiman Law Group, 2500 S. Highland Ave., #200, Lombard, IL 60148	City, State and ZIP Code IL 60148	Email Address (mbadwan@sulaimanlaw.com)
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)		
Name TK Behavioral, LLC	No. Employees, Members 15+	Phone No. (Include Area Code) (844) 805-5891
Street Address 40 Timberline Drive	City, State and ZIP Code Lemont, IL 60439	Email Address
Name	No. Employees, Members 15+	Phone No. (Include Area Code)
Street Address	City, State and ZIP Code	Email Address
DISCRIMINATION BASED ON (Check appropriate box(es).) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 3/15/2023 6/17/2023 <input type="checkbox"/> CONTINUING ACTION
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I, Melanie Schmalz, was hired at TK Behavioral, LLC ("TKB") as a behavior health associate on or around March 15, 2023 until I was unlawfully terminated on or around June 17, 2023 on the basis of my disability. I have a physical impairment that substantially limits major life activities. Regardless of my disability, I was qualified to perform the essential functions of my job, with or without reasonable accommodation. The following is a non-exhaustive list of the disability discrimination, disability harassment, and retaliation I was subjected to: Since the beginning of my employment with TKB, I was forced to endure conditions that contributed to and exacerbated disability-related flare-ups. Specifically, TKB employees were required to eat the food provided by the facility's cafeteria. The food provided by the cafeteria consisted of ingredients or foods that caused disability related flare-ups. I repeatedly notified my supervisors Emilia Gonzalez and Emily (LNU) of my disability and repeatedly requested an exemption that would allow me to bring my own food. My requests were not well received. For example, on some occasions, Emily would roll her eyes when I requested the disability based accommodation. At other times, I would be sharply rebuked by such comments as "I already told you," referring to TKB's refusal to accommodate my disability. Despite my desperate pleas for a reasonable accommodation, my pleas fell on deaf ears and I was forced to eat food that caused painful disability-related flare-ups. At no point in time did TKB engage me in an interactive process to determine if a reasonable accommodation would be feasible. On or about June 17, 2023, I was inexplicably terminated without warning. The termination took place after I had a severe disability-related flare-up that forced me to call off of work. Based on the foregoing, TKB discriminated against me on the basis of my disability and retaliated against me for engaging in protected activity in violation of the Americans with Disabilities Act and the Illinois Human Right Act.		

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY – When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT
02 / 19 / 2024 Date	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
 Charging Party Signature	